

## Diabetes Self-Management Training Education Plan and Record

Education needed (✓ or “NA”)*	Content Area**	Date/ Initial	Date/ Initial	Date/ Initial	Met Date /initial	Comments (ed. plan revisions additional learner objectives; see narrative notes; participant declines, etc)
	Diabetes Overview Obj. a, b, c, d, e					
	Acute Complications Obj. a, b, c, d, e, f					
	Chronic Complications Obj. a, b, c, d, e, f,g					
	Nutrition obj. a, b, c, d, e					
	Physical Activity Obj. a, b, c					
	Using Medications Obj. a, b, c					
	Goal setting Obj. a, b, c					
	Psychosocial Adjustment Obj. a, b					
	Monitoring for control Obj. a, b, c					
	Preconception Care Obj. a, b, c					

\*\*\*✓\*\* or “NA” = each area was assessed

\*\*\*See curriculum for specific learning objectives (obj.); line out letter of learning objective/s that is/are “NA”

Name	Signature	Initial